

**TASKFORCESUBMISSION:** submission

**NAME:** Sharon Buer

**POSITION:** Peer Support Worker

**ORGANISATION:** Be Smoke Free and UCWPA

**SUBMISSION1:** I am a person living with mental illness who has been supported to give up smoking through the Tobacco and Mental Illness Project in South Australia. I have now been smoke free for nearly two years.

The Be Smoke Free groups which are funded by the Tobacco and Mental Illness Project provide extensive support on a minimal budget for people like myself who live with complex needs and who are willing to give quitting a go. The groups allow people to gain insight into their addiction, to grow plans to cut back or quit and to safely use subsidised NRT if they wish. The change process is difficult for all people - it is a significant stressor and stress generally exacerbates symptoms of ill health. The Be Smoke Free program recognises this fact and tailors supports accordingly, something quite unique and effective for people living with mental illness.

It is a sobering statistic that nearly half of the smokers in this country are people living with mental health conditions. This surely represents a lot of revenue being raised through cigarette taxes from this vulnerable population. It seems only right to channel an increased proportion of these funds into empowering causes which are tailored for people living with mental illness and which actually work!

There are new medications such as Zyban and Champix which are available on the PBS, unfortunately some people with mental illness can not use these because they are contraindicated. NRT which is suitable for most is not available on the PBS - this is wrong! Subsidised NRT assisted me greatly to quit smoking.

In the past when I had attempted to stop smoking I had connected with the Quitline; however due to complications with my illness I found accessing the telephone service to be unworkable. The Be Smoke Free program understands these difficulties and accommodates accordingly for each participant. Some people at certain times cope better with the small group setting, some with sensitive phone coaching etc. People living with mental illness require this flexibility of delivery.

Quitting tobacco has been a profoundly positive life changing experience for me. When I quit I continued attending the groups as a peer support volunteer which progressed to me being confident and well enough to re-enter the work force. I am now employed as a community support worker in mental health and as a peer support worker with the groups. Through this opportunity I have become acutely aware of how essential programs tailored for people living with mental

illness are. All of the people I work with who are smokers are very concerned about their tobacco consumption. All are living in poverty made worse through smoking and all will experience diminished well being as the price of tobacco rises. Some people, especially those on a disability support pension and who are with the Public Trustee spend up to 50% of their available income feeding their tobacco addiction - leaving very little for healthy food and well being. This surely leads to an increase in chronic health conditions and a burden long term for the health service.

Increasing funding to projects which provide specific support for people to address their tobacco consumption whilst living with mental illness makes a great deal of sense both economically and ethically.

Thank you  
Sharon

**PRIVACY:** yes

**SUBMIT:** Submit